

471-000-519 Nebraska Medicaid Practitioner Fee Schedule for Podiatry Services

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in Podiatry Services and billing guidance:

- 471 NAC, Chapter 19 at http://dhhs.ne.gov/medicaid/Pages/med_phpod.aspx
- Provider Bulletins at http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx
- National Correct Coding Initiative (NCCI) at http://dhhs.ne.gov/medicaid/Pages/med_ncci.aspx

This fee schedule does not address the various coverage limitations routinely applied by Nebraska Medicaid before final payment is determined (e.g., beneficiary and provider eligibility, benefit limits, billing instructions, frequency of services, third part liability, age restrictions, prior authorization, co-payments/coinsurance where applicable, etc.). Procedure codes and/or fee schedule amounts listed do not guarantee payment, coverage or amount allowed.

Although every effort is made to ensure the accuracy of this information, discrepancies and time lag may occur. All information may be changed or updated at any time to correct a discrepancy and/or error. The reimbursement rates reflected in this fee schedule are in effect as of the date of this report. The reimbursement rate made on a claim will depend on the date of service, since reimbursement rates are date of service effective.


For client eligibility or claims-status questions, call the Inquiry Line, 1-877-255-3092.

To Determine the Medicaid Allowable:

1. IDENTIFY THE CODE. First, identify the correct code for the Podiatry item. Refer to the latest HCPCS Level II book for code descriptions. Every provider should have this guide. In addition, the following website is a useful tool for identifying the HCPCS code for a particular item:

<http://www3.palmettogba.com/dmecs/do/hcpcssearch>

If a type of item has a HCPCS code assigned, the provider must use that code when billing, and not any "miscellaneous" code.

2. IDENTIFY AND FIND THE CODE/MODIFIER COMBINATION. Review the Procedure Code Modifiers (next page) and select the modifier that is correct for the item being billed. Click on the  binoculars located in the left chimney and search for the code.
3. LOCATE THE MEDICAID ALLOWABLE FOR THE PROCEDURE CODE.
If "BR" or "RNE" is listed, see Step #5 for special pricing.
4. PAYMENT IS THE LOWER OF THE FEE SCHEDULE MEDICAID ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect your charge to the general public. Provider must not bill Medicaid more than it charges the general public.

5. SPECIAL PRICING. Certain procedure codes will not have a MEDICAID ALLOWABLE:

- "BR" (By report) – Paid at "reasonable rate" based on the service and circumstances. A complete description of the service is required for review.
- "RNE" (Rate Not Established) - Paid at "reasonable rate" based on the service
- "IC" (Invoice cost) - Paid at "invoice cost". An invoice must be attached to the claim. Some services may also have an associated maximum allowable.

Provider must not bill Medicaid more than it charges the general public, must maintain documentation of usual and customary charges, and provide it to the Department upon demand. If the service requires Prior Authorization (indicated by an "**") submit Manufacturer's Suggested Retail Price (MSRP) with the Prior Authorization request. Claims for services Prior Authorized by Primary Care Plus (for Medicaid Managed Care Clients in the Primary Care Case Management Plan) must include an MSRP.

6. PRIOR AUTHORIZATION. Some Podiatry services may require Medicaid approval of a prior authorization request. Provider must submit a Form MS-77, found in the Title 471 Appendix <http://www.dhhs.ne.gov/reg/appx/atc471.htm>, Form Number 471-000-206. Submit Manufacturer's Suggested Retail Price (MSRP) or your actual cost invoice with the Prior Authorization Request.
7. Quantities supplied must be based on medical necessity and are supplies used in the office. There is no billing for take home supplies.

Questions regarding status of Medicaid claims should be directed to the Client Payments and Claims Processing Unit – Medicaid Inquiry at (877) 255-3092 or 471-9128 in Lincoln.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT), Copyright 2014, by the American Medical Association. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures, which are copyrighted by the American Medical Association.

The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to the Physicians' Current Procedural Terminology, Copyright 2014. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of the Physicians' Current Procedural Terminology, Copyright 2014 by the American Medical Association.

Maximum allowable fees are the exclusive property of the Nebraska Department of Health and Human Services and are not covered by the American Medical Association CPT copyright. Unit values per Relative Values for Physicians, Copyright 2014, Ingenix, Inc.

Provider must not bill Medicaid more than it charges the general public, must maintain documentation of usual and customary charges, and provide it to the Department upon demand. If the service requires Prior Authorization (indicated by an “*”) submit Manufacturer’s Suggested Retail Price (MSRP) with the Prior Authorization request. Claims for services Prior Authorized by Primary Care Plus (for Medicaid Managed Care Clients in the Primary Care Case Management Plan) must include an MSRP.

RNE = Rate Not Established BR = By Report IC = Invoice Cost (I) = Interim Value

* Requires Prior Authorization

For procedure codes 10000-69999.

See the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 70000-79999.

See the Nebraska Medicaid Practitioner Fee Schedule under Radiology found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 80000-89999.

See the Nebraska Medicaid Practitioner Fee Schedule under Pathology found in NMAP Services 471-000-520. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 90000-99999.

See the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For Medical Supplies, Orthotics and Prosthetics (A Codes, E Codes & L Codes) that are appropriate for use as a Podiatrist see the Nebraska Medicaid Practitioner Fee Schedule for Durable Medical Equipment, Medical Supplies, Orthotics and Prosthetics found in NMAP Services 471-000-507. The amount listed is a dollar amount (\$). The dollar amount is the Medicaid allowable unless otherwise indicated. No more than two medically necessary orthopedic footwear, shoe corrections, orthotic devices or similar supportive devices for the feet may be provided per visit.

A codes, E codes and L codes that are most commonly used by Podiatrists will be found at the end of this document. Any code not found on this list but used will need medical documentation submitted along with the claim to substantiate payment.

The G0127 Code – trimming of dystrophic nails ANY number, is specific to Podiatry and not found in any other fee schedule. The dollar amount allowable for payment from Nebraska Medicaid is \$7.88.

For J codes & Q codes see Nebraska Medicaid Practitioner Fee Schedule for injectable found in NMAP Services 471-000-540. The amount listed is a dollar amount (\$). That amount is the Medicaid allowable, unless otherwise indicated. These codes are for office use only; there are no take home supplies.

| | | | | | | NON | |
|----------|-----|--|----|----------|-------|----------|----------|
| | | | | | | FACILITY | FACILITY |
| CODE | MOD | DESCRIPTION | PA | COMMENTS | COPAY | RATE | RATE |
| 000A4550 | | SURGICAL TRAYS PAYABLE TO PODIATRISTS ONLY. | | | | \$74.06 | |
| 000A5500 | | FOR DIABETICS ONLY, FITTING (INCL FOLLOW UP) CUSTOM PREP AND SUPPLY OFF-THE-SHELF DEPTH-INLAY SHOE MANU TO ACCOM MULTI- DENSITY INSERT(S) EACH | | | X | \$67.10 | |
| 000A5501 | | CUSTOM PREP AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE) PER SHOE-FOR DIABETICS ONLY (INCLUDING FOLLOW UP) | | | X | \$201.27 | |
| 000A5503 | | MODIFICATION (INC. FITTING) OF OFF- THE-SHELF DEPTH-INLAY SHOW OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM PER SHOE. | | | | \$29.84 | |
| 000A5504 | | MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOW WITH WEDGE (S), PER SHOE, FOR DIABETICS ONLY | | | | \$29.84 | |
| 000A5505 | | MODIFICATION (INC. FITTING) OF OFF- THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE, FOR DIABETICS ONLY | | | | \$29.84 | |
| 000A5506 | | MODIFICATION (INC. FITTING) OF OFF- THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE FOR DIABETICS ONLY | | | | \$29.84 | |
| 000A5507 | | FOR DIABETICS ONLY, NOS MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE (REVIEW SERVICE) | | | | \$29.84 | |

| | | | | | | | |
|----------|--|---|--|-----------|--|----------|--|
| 000A5508 | | FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE | | RNE/BR/IC | | | |
| 000A5510 | | FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, | | RNE/BR/IC | | | |
| 000A5512 | | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, | | | | \$27.37 | |
| 000A5513 | | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARC | | | | \$40.85 | |
| 000A6010 | | COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN | | | | \$32.67 | |
| 000A6011 | | COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN | | | | \$2.40 | |
| 000A6021 | | Collagen dressing, sterile, size 16 sq. In. Or less, each | | | | \$22.18 | |
| 000A6022 | | Collagen dressing, sterile, size more than 16 sq. In. But less than or equal to 48 sq. In. , each | | | | \$22.18 | |
| 000A6023 | | Collagen dressing, sterile, size more than 48 sq. In. , each | | | | \$200.84 | |
| 000A6024 | | COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES | | | | \$6.53 | |
| 000A6025 | | GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH | | RNE/BR/IC | | | |
| 000A6154 | | WOUND POUCH EACH | | | | \$15.15 | |

| | | | | | | | |
|----------|--|--|--|-----------|--|---------|--|
| 000A6196 | | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING | | | | \$7.75 | |
| 000A6197 | | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESS | | | | \$17.35 | |
| 000A6199 | | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES | | | | \$5.58 | |
| 000A6203 | | COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | | | | \$3.53 | |
| 000A6204 | | COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSIN | | | | \$6.57 | |
| 000A6206 | | CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING | | RNE/BR/IC | | | |
| 000A6207 | | CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | | | | \$7.74 | |
| 000A6209 | | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | | | | \$7.89 | |
| 000A6210 | | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS | | | | \$21.02 | |
| 000A6211 | | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | | | | \$30.99 | |

| | | | | | | | |
|----------|--|--|--|-----------|--|---------|--|
| 000A6212 | | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | | | | \$10.23 | |
| 000A6213 | | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH | | RNE/BR/IC | | | |
| 000A6215 | | FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM | | RNE/BR/IC | | | |
| 000A6216 | | GZE, NON-IMPREGNATED, NON-STER., 16 SQ IN W/O ADH. BORDER, EA. DRESSING | | | | \$0.05 | |
| 000A6217 | | GZE., NON-IMPREGNATED, NON-STER., 16 SQ IN TO 48 SQ IN, W/O ADH. BORDER EACH DRESSING | | | | \$0.54 | |
| 000A6219 | | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | | | | \$1.00 | |
| 000A6220 | | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSIN | | | | \$2.72 | |
| 000A6222 | | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESS | | | | \$2.24 | |
| 000A6223 | | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. | | | | \$2.55 | |

| | | | | | | | |
|----------|--|---|--|-----------|--|---------|--|
| 000A6224 | | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRE | | | | \$3.80 | |
| 000A6228 | | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | | RNE/BR/IC | | | |
| 000A6229 | | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDE | | | | \$3.80 | |
| 000A6231 | | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING | | | | \$4.93 | |
| 000A6232 | | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., E | | | | \$7.26 | |
| 000A6233 | | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING | | | | \$20.25 | |
| 000A6234 | | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | | | | \$6.90 | |
| 000A6235 | | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH | | | | \$17.75 | |

| | | | | | | | |
|----------|--|--|--|--|--|---------|--|
| 000A6236 | | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | | | | \$28.75 | |
| 000A6237 | | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | | | | \$8.34 | |
| 000A6238 | | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, | | | | \$24.05 | |
| 000A6240 | | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE | | | | \$12.91 | |
| 000A6241 | | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM | | | | \$2.71 | |
| 000A6242 | | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | | | | \$6.40 | |
| 000A6243 | | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS | | | | \$12.99 | |
| 000A6244 | | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | | | | \$41.45 | |
| 000A6246 | | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH | | | | \$10.46 | |
| 000A6247 | | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | | | | \$25.09 | |

| | | | | | | | |
|----------|--|---|--|-----------|--|---------|--|
| 000A6248 | | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE | | | | \$17.13 | |
| 000A6251 | | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | | | | \$2.10 | |
| 000A6252 | | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDE | | | | \$3.43 | |
| 000A6253 | | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | | | | \$6.69 | |
| 000A6254 | | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | | | | \$1.27 | |
| 000A6255 | | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE | | | | \$3.19 | |
| 000A6258 | | TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | | | | \$4.53 | |
| 000A6259 | | TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING | | | | \$11.54 | |
| 000A6261 | | WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED | | RNE/BR/IC | | | |
| 000A6262 | | WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED | | RNE/BR/IC | | | |
| 000A6266 | | GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD | | | | \$2.02 | |
| 000A6402 | | GZE., NON-IMPREGNATED, STERILE, 16 SQ IN OR LESS, W/O ADH. BORDER, EACH DRESSING | | | | \$0.12 | |

| | | | | | | | |
|----------|--|--|--|--------|--|--------|--|
| 000A6403 | | GZE., NON-IMPREGNATED, STERILE, 16 SQ IN TO 48 SQ IN, W/O ADH. BORDER, EACH DRESSING | | | | \$0.45 | |
| 000A6407 | | PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD | | | | \$1.98 | |
| 000A6413 | | ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH | | RNE/BR | | | |
| 000A6441 | | PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | | | | \$0.70 | |
| 000A6442 | | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | | | | \$0.17 | |
| 000A6443 | | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | | | | \$0.30 | |
| 000A6444 | | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD | | | | \$0.59 | |
| 000A6445 | | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | | | | \$0.33 | |
| 000A6446 | | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | | | | \$0.43 | |
| 000A6447 | | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | | | | \$0.70 | |

| | | | | | | | |
|----------|--|---|--|-----------|--|--------|--|
| 000A6448 | | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | | | | \$1.22 | |
| 000A6449 | | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | | | | \$1.84 | |
| 000A6450 | | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | | RNE/BR/IC | | | |
| 000A6451 | | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN O | | RNE/BR/IC | | | |
| 000A6452 | | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREAT | | | | \$6.23 | |
| 000A6453 | | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | | | | \$0.64 | |
| 000A6454 | | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | | | | \$0.81 | |
| 000A6455 | | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | | | | \$1.46 | |
| 000A6456 | | ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | | | | \$1.35 | |

| | | | | | | | |
|----------|----|---|--|-----------|---|----------|--|
| 000A6457 | | TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD | | | | \$1.20 | |
| 000A6530 | | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH | | | | \$32.40 | |
| 000A6531 | | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH | | | | \$52.46 | |
| 000A6532 | | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH | | | X | \$67.47 | |
| 000A6533 | | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH | | | | \$46.29 | |
| 000A6534 | | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH | | | X | \$70.97 | |
| 000A6545 | | GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH | | BR/IC | X | | |
| 000E0747 | | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL | | RNE/BR/IC | X | | |
| 000E0747 | RR | OSTEOGENESIS STIMULATOR,ELEC,NON INVASIVE,OTHER THAN SPINAL APPL | | | | \$409.42 | |
| 000G0127 | | TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER (USE M0101 IF DATE PRIOR TO 12011997) CAN ONLY BILL FOR ONE SERVICE PER CLIENT PER DATE. | | | | \$7.88 | |
| 000L1900 | | ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED | | | X | \$239.06 | |
| 000L1902 | | ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$71.69 | |
| 000L1906 | | ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$102.34 | |
| 000L1910 | | ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$227.57 | |

| | | | | | | | |
|----------|----|--|--|-----------|---|----------|--|
| 000L1930 | | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$235.28 | |
| 000L1930 | 52 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$117.64 | |
| 000L1932 | | AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$808.16 | |
| 000L1971 | | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$424.49 | |
| 000L2999 | | LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED | | RNE/BR/IC | | | |
| 000L3000 | | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH | | | X | \$284.49 | |
| 000L3000 | 52 | FOOT, INSERT, REMOVEABLE, MOLDED TO PT MODEL, UCP TYPE, BERKELEY SHELL,E | | | X | \$142.24 | |
| 000L3001 | | FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH | | | X | \$119.77 | |
| 000L3002 | | FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, E ACH | | | X | \$146.27 | |
| 000L3003 | | FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH | | | X | \$157.82 | |
| 000L3010 | | FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPP ORT, EACH | | | X | \$157.82 | |
| 000L3020 | | FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSALSUPPORT, EACH | | | X | \$179.69 | |
| 000L3030 | | FOOT INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH | | | X | \$69.11 | |

| | | | | | | | |
|----------|----|---|--|-----------|---|---------|--|
| 000L3030 | 52 | FOOT INSERT, REMOVEABLE, FORMED TO PATIENT FOOT, EACH | | | | \$34.55 | |
| 000L3031 | | FOOT INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG CO | | RNE/BE/IC | | | |
| 000L3040 | | FOOT ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH | | | | \$42.62 | |
| 000L3050 | | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH | | | | \$42.62 | |
| 000L3060 | | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH | | | X | \$66.78 | |
| 000L3060 | 52 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDID, LONGITUDINAL/METATARSAL, EACH | | | | \$33.39 | |
| 000L3070 | | FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH | | | | \$28.80 | |
| 000L3080 | | FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, METATARSAL, EACH | | | | \$28.80 | |
| 000L3090 | | FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH | | | | \$36.85 | |
| 000L3100 | | HALLUS-VALGUS NIGHT DYNAMIC SPLINT, EACH | | | | \$39.16 | |
| 000L3140 | | FOOT, ROTATION POSITIONING DEVICE, INCLUDING SHOE(S) | | | X | \$80.63 | |
| 000L3150 | | FOOT, ROTATION POSITIONING DEVICE, WITHOUT SHOE(S) | | | X | \$73.71 | |
| 000L3160 | | FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE | | RNE/BR/IC | X | | |
| 000L3170 | | FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH | | | | \$46.06 | |
| 000L3201 | | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT | | | | \$30.86 | |
| 000L3202 | | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD | | | | \$34.71 | |

| | | | | | | | |
|----------|--|--|--|-----------|---|----------|--|
| 000L3203 | | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR | | | | \$37.03 | |
| 000L3204 | | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT | | | | \$30.86 | |
| 000L3206 | | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD | | | | \$34.71 | |
| 000L3207 | | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR | | | | \$37.03 | |
| 000L3208 | | SURGICAL BOOT, EACH, INFANT | | | | \$34.71 | |
| 000L3209 | | SURGICAL BOOT, EACH, CHILD | | | | \$38.57 | |
| 000L3211 | | SURGICAL BOOT, EACH, JUNIOR | | | | \$42.43 | |
| 000L3212 | | BENESCH BOOT, PAIR, INFANT | | | X | \$61.72 | |
| 000L3213 | | BENESCH BOOT, PAIR, CHILD | | | X | \$61.72 | |
| 000L3230 | | ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH | | RNE/BR/IC | X | | |
| 000L3250 | | ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH | | | X | \$385.75 | |
| 000L3251 | | FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH | | | X | \$149.67 | |
| 000L3252 | | FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH | | | X | \$149.67 | |
| 000L3253 | | FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH | | | X | \$149.67 | |
| 000L3254 | | NON-STANDARD SIZE OR WIDTH | | | | \$21.15 | |
| 000L3255 | | NON-STANDARD SIZE OR LENGTH | | | | \$21.15 | |
| 000L3257 | | ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE | | | | \$56.47 | |
| 000L3260 | | SURGICAL BOOT/SHOE, EACH | | | | \$38.57 | |
| 000L3265 | | PLASTAZOTE SANDAL, EACH | | | X | \$61.72 | |
| 000L3300 | | LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH | | | | \$47.23 | |
| 000L3310 | | LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH | | | | \$73.71 | |
| 000L3320 | | LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH | | | | \$123.44 | |
| 000L3330 | | LIFTS, ELEVATION, METAL EXTENSION, (SKATE) | | | | \$512.53 | |
| 000L3332 | | LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH | | | | \$66.78 | |

| | | | | | | | |
|----------|--|--|--|--|--|----------|--|
| 000L3334 | | LIFT, ELEVATION, HEEL, PER INCH | | | | \$34.54 | |
| 000L3340 | | HEEL WEDGE, SACH | | | | \$77.18 | |
| 000L3350 | | HEEL WEDGE | | | | \$20.73 | |
| 000L3360 | | SOLE WEDGE, OUTSIDE SOLE | | | | \$32.24 | |
| 000L3370 | | SOLE WEDGE, BETWEEN SOLE | | | | \$44.90 | |
| 000L3380 | | CLUBFOOT WEDGE | | | | \$44.90 | |
| 000L3390 | | OUTFLARE WEDGE | | | | \$44.90 | |
| 000L3400 | | METATARSAL BAR WEDGE, ROCKER | | | | \$36.85 | |
| 000L3410 | | METATARSAL BAR WEDGE, BETWEEN SOLE | | | | \$84.08 | |
| 000L3420 | | FULL SOLE AND HEEL WEDGE, BETWEEN SOLE | | | | \$49.53 | |
| 000L3430 | | HEEL, COUNTER, PLASTIC REINFORCED | | | | \$145.13 | |
| 000L3440 | | HEEL, COUNTER, LEATHER REINFORCED | | | | \$69.11 | |
| 000L3450 | | HEEL, SACH CUSHION TYPE | | | | \$95.59 | |
| 000L3455 | | HEEL, NEW LEATHER, STANDARD | | | | \$36.85 | |
| 000L3460 | | HEEL, NEW RUBBER, STANDARD | | | | \$31.09 | |
| 000L3465 | | HEEL, THOMAS WITH WEDGE | | | | \$53.00 | |
| 000L3470 | | HEEL, THOMAS EXTENDED TO BALL | | | | \$56.45 | |
| 000L3480 | | HEEL, PAD AND DEPRESSION FOR SPUR | | | | \$56.45 | |
| 000L3485 | | HEEL, PAD, REMOVABLE FOR SPUR | | | | \$23.14 | |
| 000L3500 | | ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER | | | | \$26.48 | |
| 000L3510 | | ORTHOPEDIC SOLE ADDITION, INSOLE, RUBBER | | | | \$26.48 | |
| 000L3520 | | ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER | | | | \$28.80 | |
| 000L3530 | | ORTHOPEDIC SHOE ADDITION, SOLE, HALF | | | | \$28.80 | |
| 000L3540 | | ORTHOPEDIC SHOE ADDITION, SOLE, FULL | | | | \$46.06 | |
| 000L3550 | | ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD | | | | \$8.09 | |
| 000L3560 | | ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE | | | | \$20.73 | |
| 000L3570 | | ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS) | | | | \$77.18 | |

| | | | | | | | |
|----------|--|---|--|-----------|---|----------|--|
| 000L3580 | | ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCO CLOSURE | | | | \$58.76 | |
| 000L3590 | | ORTHOPECIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER | | | | \$48.39 | |
| 000L3595 | | ORTHOPEDIC SHOE ADDITION, MARCH BAR | | | | \$37.98 | |
| 000L3600 | | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE EXISTIN G | | | | \$69.11 | |
| 000L3610 | | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE NEW | | | | \$90.99 | |
| 000L3620 | | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP EXISTIN G | | | | \$69.11 | |
| 000L3630 | | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP NEW | | | | \$90.99 | |
| 000L3640 | | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES | | | | \$39.16 | |
| 000L3649 | | ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS | | RNE/BR/IC | | | |
| 000L4350 | | ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJ | | | X | \$76.07 | |
| 000L4360 | | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTME | | | X | \$235.62 | |

| | | | | | | | |
|----------|--|---|--|-----------|---|----------|--|
| 000L4361 | | WALKING BOOT, PNEUMATIC AND /OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF | | RNE/BR/IC | | | |
| 000L4386 | | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$143.59 | |
| 000L4387 | | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF | | RNE/BR/IC | | | |
| 000L4392 | | REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO | | | | \$20.55 | |
| 000L4394 | | REPLACE SOFT INTERFACE MATERIAL; FOOT DROP SPLINT | | | | \$14.97 | |
| 000L4396 | | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AM | | | X | \$146.58 | |
| 000L4397 | | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMB. | | RNE/BR/IC | | | |
| 000L4398 | | FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | X | \$67.48 | |